



SOUTHERN UTE INDIAN TRIBE - RESERVATION AIR PROGRAM
APPLICATION FOR TRIBAL OPERATING PERMIT, 40 CFR PART 70



FORM CTAC - CERTIFICATION OF TRUTH, ACCURACY, AND
COMPLETENESS BY RESPONSIBLE OFFICIAL

INSTRUCTIONS: One copy of this form must be completed, signed and sent with each submission of documents (i.e., application forms, updates to applications, reports, or any information required by part 70 permit).

Company Name: Williams Four Corners, LLC

Facility Name: Ignacio Gas Plant

A. Responsible Official

Facility ID:

Name: (Last) Jasek (First) Glen (MI) _____

Title: Vice President and General Manager, Four Corners Area

Mailing Address: 188 County Road 4900

City: Bloomfield

State: NM

Zip Code: 87413

Telephone: (713) 215-2134 Ext. _____

Email: Glen.Jasek@Williams.com

B. Certification of Truth, Accuracy and Completeness

Instructions: This form must be signed by the responsible official

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.

Name (signed):

Name (typed): Glen Jasek

Date: _____